



## 2016 State of Texas Emergency Assistance Registry (STEAR)

Local Jurisdiction: \_\_\_\_\_

Organization Collecting Information: \_\_\_\_\_

Organization Contact Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Organization Contact E-mail: \_\_\_\_\_

### STEAR Individual Registration Form

Not for use by assisted living facilities or nursing homes. That form can be found at <http://www.dads.state.tx.us/forms/1085/>.

**One (1) form should be completed for each registrant.**

Please understand that the Emergency Assistance Registry assists emergency officials in planning for emergency events. Having your information helps to determine what kinds of services might be required during a disaster, and helps responders plan and train more effectively. Communities use the information in different ways, so realize that having your information in the registry **DOES NOT** guarantee that you will receive a specific service during an emergency. Registration is not a substitute for developing and maintaining your own family disaster plan.

We would like to gather some basic information from you. Sharing this information is completely optional. To be registered, some basic information is required. You may choose to answer all or only some of the optional questions. *If filling out a paper form, please write the registrant's name in the designated space at the bottom of every page of the form.*

### Basic Registrant Information - Required information marked with asterisk\*

1. \* **Primary Language.** If you speak more than one language, choose the best language that you would use for emergency communications. For persons who cannot communicate vocally, please enter non-verbal.

English      Spanish      Vietnamese      Hindi      Korean  
Chinese \_\_\_\_\_ (dialect)      Other: \_\_\_\_\_

2. \* Do you need a sign language interpreter?      Yes      No      Declined

**Basic Registrant Information**3a. \* **First Name:** \_\_\_\_\_3b. \* **Last Name:** \_\_\_\_\_**4. \* Physical Street Address**4a. \* **Street Number and Name:** \_\_\_\_\_4b. **Apt/Suite Number:** \_\_\_\_\_4c. \* **ZIP code (5-digit):** \_\_\_\_\_ 4e. +4 Zip code, if known: \_\_\_\_\_4d. \* **City:** \_\_\_\_\_5. **County, if known:** \_\_\_\_\_6. \* **Mailing Street Address** Note: If the box is clicked the mailing address will be auto populated.6a. \* **Street Number and Name:** \_\_\_\_\_6b. **Apt/Suite Number:** \_\_\_\_\_6c. \* **ZIP code (5-digit):** \_\_\_\_\_ 6e. +4 Zip code, if known: \_\_\_\_\_6d. \* **City:** \_\_\_\_\_7. **E-mail Address (if you have one):** \_\_\_\_\_8. \* **Best phone number to reach you:** \_\_\_\_\_ **Ext:** \_\_\_\_\_9. Do you have a second telephone number in case we cannot reach you at the previous number? \_\_\_\_\_ **Ext:** \_\_\_\_\_

10. If you are a minor (younger than 18) or if the person you are registering is a minor, please enter their age in years. \_\_\_\_ Enter 0 for children less than 1 year old. Leave blank for adults.

**Emergency Contact Information**

In these questions, emergencies are defined as hazards to public health and safety, such as hurricanes, tornadoes, terrorist attacks, chemical accidents, and other disasters that may cause death, injury, or damage, which could require evacuation and sheltering of the public.

11. We need to gather some information about the best person for emergency planners to contact in case of an emergency.

11a. Emergency contact person's **First Name:** \_\_\_\_\_11b. Emergency contact person's **Last Name:** \_\_\_\_\_

Emergency Contact Information				
11c. What is this person's relationship to you?		<i>Wife/Husband</i>	<i>Parent</i>	
<i>Sister/Brother</i>	<i>Daughter/Son</i>	<i>Aunt/Uncle</i>	<i>Guardian</i>	<i>Friend</i>
<i>Other: _____</i>		<i>Declined</i>		
11d. Emergency contact's telephone number. Remember, this needs to be the best way to contact this person in case of an emergency: _____ Ext: _____				

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Caregivers and Animals			
12. If you had to evacuate your home, would you be accompanied by a service animal?			
Yes	No	Declined	
13a. Do you have a caregiver, advocate or legal guardian? This person may or may not be the same person who is your emergency contact.			
Yes	No	Declined	
13b. [If answered Yes to Q13a] During an emergency would your caregiver, advocate or legal guardian evacuate with you?			
Yes	No	Declined	
14. How many people do you expect to accompany you when you evacuate? Include your caregiver or legal guardian if evacuating with you: _____			
15a. If you had to evacuate your home, would you take a pet with you?			
Yes	No	Declined	
15b. [If answered Yes to Q15a] How many total pets would need to evacuate with you? _____			
15c. [If answered Yes to Q15a] Do you have carriers for all of your pets?			
Yes	No	Declined	

Emergency Warnings and Instructions	
16a. Do you have a disability or medical need that would prevent you from receiving or understanding emergency warnings or instructions whether in your home or away from home?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined
16b. [If answered Yes to Q16a] Would you need help reading information because you are blind or have low vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Declined
16c. [If answered Yes to Q16a] Do you have any other communication needs?	<input type="radio"/> Yes <input type="radio"/> No
Declined If "Yes", please describe here: _____	

### Transportation Assistance

17. Do you have transportation to evacuate? Answer **"Yes"** if you have a vehicle or someone you know to drive you to an out-of-town location. Answer **"No"** if you **DO NOT** have a way to evacuate. Planners use this question to estimate how many people need rides during an evacuation.      Yes      No      Declined

18. Do you have transportation assistance to get to a **local** evacuation assembly point or shelter? Answer **"Yes"** if you have a vehicle or someone you know to drive you to a local assembly point.      Yes      No      Declined

19. Do you need physical assistance because of a disability to evacuate your home?  
Yes      No      Declined

### Functional Needs

20. Do you have a disability, functional, or medical need, more than the use of a cane, that may require you to rely on additional assistance during an emergency? If **"Yes"**, proceed to answer questions 21-27. If **"No"** or **"Declined"**, proceed to question 28.      Yes      No      Declined

21. Do you receive medical treatment from a nurse or doctor at your home or in a doctor's office at more than 2 times a week?      Yes      No      Declined

22a. If you were away from home, would you need help carrying out activities of daily living, such as bathing, eating, walking, or toileting? Your answer helps to improve plans made for shelters.      Yes      No      Declined

22b. **[If answered Yes to Q22a]** Are these services currently provided by someone other than family or friends? If **"Yes"**, please record the service provider and their contact information in the comments section [Question 29].      Yes      No      Declined

23. Are you on portable oxygen?      Yes      No      Declined

24. Do you have a disability or medical need that will require you to lie down while traveling?  
Yes      No      Declined

25a. Do you have a life sustaining medical device that requires power?  
(Examples would include a breathing machine, suction unit, or oxygen concentrator)  
Yes      No      Declined

25b. **[If answered Yes to Q25a]** How many hours of power are provided by your back-up power source? \_\_\_\_\_ hours

26. Do you weigh more than 350 lbs.? Emergency transport requires special equipment in certain cases if this weight is exceeded.      Yes      No      Declined

**Functional Needs (cont.)**

27a. What durable or bulky medical equipment, such as a wheelchair, cane, or walker, do you need to have evacuated with you in an emergency? Please check all that apply. Your answer helps evacuation transportation planners.

*Wheelchair*      *Cane*      *Walker*  
*Nebulizer*      *Crutches*      *Other: \_\_\_\_\_*      *None*      *Declined*

27b. [If **Yes to Wheelchair to Q27a**] Do you have a motorized or custom wheelchair? Please answer "Yes" if you have a scooter or power wheelchair.    ☐ *Yes*    ☐ *No*    ☐ *Declined*

28. Do you have a storm cellar or safe room in your residence?

☐ *Yes*      ☐ *No*      ☐ *Declined*

29. Are there any additional comments or notes that we should enter into your record?

☐ *Yes*      ☐ *No*      ☐ *Declined*

This form can be filled electronically using Adobe Reader or Adobe Acrobat.  
When filled electronically, click above button to send.

If you have trouble sending form electronically,  
Complete form and save to desktop as a uniquely named PDF file.  
(Example name: StearIndividualForm\_*uniquename*\_date.pdf)  
Then attach PDF to an email and send to **STEAR@dps.texas.gov**.

OR

Complete form, print, and then fax paper form to (866) 557-1074.

***\*Please fill out and submit a new form if any of the information above changes.***